## **South Carolina Workers' Compensation Commission**

1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5723



| WCC File #:      |  |
|------------------|--|
| Carrier File #:  |  |
| Carrier Code #:  |  |
| Employer FEIN #: |  |

| Claimant's Name: |                   | N:  | Employer's Nam | ne:                                  |            |                       | _                     |   |
|------------------|-------------------|---|----------------|--------------------------------------|------------|-----------------------|-----------------------|---|
| Address:         |                   |   |                | Address:                             |            |                       |                       | _ |
| City:            |                   | State:  | _ Zip: _       | City:                                |            | State:                | Zip:                  |   |
| Home Phone:      |                   | Work Phone:                                   |                | Insurance Carrie                     | er:        |                       |                       | _ |
| Preparer's Nan   | ne:               | Lav   | w Firm:        |                                      | Prepar     | rer's Phone #:        |                       | _ |
| Supplemental     | Report of Varyi   | ng Temporary Partial P                        | ayments        | 5                                    |            | Date                  | of injury: (m/d/yyyy) |   |
| From             | through           | , Claimant was paid \$                        |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
| \$ The           | e weekly wage for | this period was \$                            |                |                                      |            |                       |                       |   |
|                  |                   | , Claimant was paid \$_ this period was \$    |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$this period was \$      |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$_<br>this period was \$ |                | _ per week as temporary partial comp | oensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$_<br>this period was \$ |                | _ per week as temporary partial com  | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$_ this period was \$    |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$this period was \$      |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   | , Claimant was paid \$<br>this period was \$  |                | _ per week as temporary partial comp | pensation. | . The weekly wage bef | ore the injury was    |   |
|                  | _                 | , Claimant was paid \$ this period was \$     |                | _ per week as temporary partial comp | oensation. | . The weekly wage bef | ore the injury was    |   |
|                  |                   |   |                |                                      |            |                       |                       |   |

In an ongoing period of temporary partial, when the compensation rate varies from week to week, the employer's representative shall report the first payment on a Form 15 according to R.67-503. Supplemental payments shall be reported on a Form 15S, to be filed with the document stopping that period of temporary partial compensation or with the Form 18, which shall be filed six months after the date of injury and each six months thereafter until the file is closed. R.67-503.